



**COMMONWEALTH OF VIRGINIA**  
**Department of Health Professions**  
**Board of Counseling**

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**CSAC DIDACTIC TRAINING VERIFICATION**

<b>INSTRUCTIONS</b>		<b>PLEASE TYPE OR PRINT CLEARLY</b>	<b>USE BLUE OR BLACK INK</b>
Name of Applicant (Last, First)			
Applicants Email Address		Home and/or Cell Telephone Number	
<b>EACH APPLICANT SHALL HAVE RECEIVED A <u>MINIMUM OF 10 CLOCK HOURS</u> IN EACH OF THE FIRST EIGHT CONTENT AREAS:</b>			
CONTENT AREA	COURSE TITLE	NUMBER OF CLOCK HOURS	INSTITUTION/AGENCY IN WHICH TRAINING WAS PROVIDED
Understanding the dynamics of human behavior			
Signs and symptoms of substance abuse			
Treatment approaches			
Continuum of care and case management skills			
Recovery process and relapse prevention methods			
Ethics			
Professional identity in the provision of substance abuse services			
Crisis intervention			
Substance abuse counseling treatment planning and substance abuse research <b>(20 clock hours)</b>			
Group counseling <b>(20 clock hours)</b>			
Total Clock Hours _____ (minimum 220)			